

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	NO.	DEF.	NO.	DEF.	NO.	DEF.					NO.
1							61				
2							62				
3							63				
4							64				
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49											
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TOTAL NO.	60						TOTAL NO.				
TOTAL DEF.	30						TOTAL DEF.				